



# STATE OF CONNECTICUT

## DEPARTMENT OF CORRECTION

### VICTIM SERVICES UNIT

300 Sheldon Street

Hartford, CT 06106

## VICTIM UPDATE CHANGE OF INFORMATION FORM

INMATE'S NAME : \_\_\_\_\_ INMATES'S NUMBER \_\_\_\_\_

.....  
PLEASE PRINT **OLD** INFORMATION:

YOUR NAME : \_\_\_\_\_ (Circle one) Mr. Ms.

ADDRESS \_\_\_\_\_ (Apartment # /Floor/ Building) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (cell) \_\_\_\_\_

(Other) \_\_\_\_\_  
.....

PLEASE PRINT NEW INFORMATION

YOUR NAME : \_\_\_\_\_ (Circle one) Mr. Ms.

ADDRESS \_\_\_\_\_ (Apartment # /Floor/ Building) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (cell) \_\_\_\_\_

(Other) \_\_\_\_\_

Print your Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_ Staff Member \_\_\_\_\_